MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

	Commity	Buchanan		Registration District	85 1001	File No	File No	
	Township	st.Josep	n. "	THEMAN DESIGNATION	District No.	Registered No		
	2. FULL NAME	_		***			Ward)	
,				St.,	Werd.		•	
_ 1	(Usual pla ength of residence in cit			yrs. mos.		(If nonresident give city J.S., if of foreign hirth?40	or town and State) yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
Divogred (e				OFCEC 16. DATE OF DEATH (MONTH, DAY AND YEAR) 1970 16. DATE OF DEATH (MONTH, DAY AND YEAR) 1970 17. 18. DATE OF DEATH (MONTH, DAY AND YEAR) 1970 1970 1970 1970 1970 1970 1970 1970				
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR) WIFE OF Mary E.Kern					that I last saw h alive	,19.2.7,10	eccased from	
6.	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr, 16, 1868				11 //	ATM* WAS AS FOLLOWS:	<u></u>	
7.	AGE YEARS	Монтиз	DAYS	If LESS (ban 1 day,brs.	Lyme	dy, Lon	son	
	54		4	<u>or</u>	Mychi	min	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer , retired					103 (duration) yrs. mos. ds.			
(b) General nature of industry, business, or establishment in which employed (or employer)					CONTRIBUTORY(SECONDARY)	(duration)	ra. mas de	
(c) Name of employer					18. Where was disease com	TRACTED		
9. BIRTHPLACE (CITY OR TOWN)					IF NOT AT PLACE OF DE	атыт		
10. NAME OF FATHER					DID AN OPTRATION PRECEDE DEATHY			
	Jag Jan				Was there an autopsyl,	10-+1		
S L	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)				WHAT TEST CONFIRMED DE	rengels of the pa	gunny	
PARENTS	12. MAIDEN NAME OF MOTHER Cruich fescher				1/2 3, 19 22/Address) Lung They you			
	13. BIRTHPLACE OF (STATE OR COUN	пку)	Egg	Zoorcaprez	*State the Disease Causing Drath, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
14. INFORMANT MIO. Caroline Belloie					19. PLACE OF BURIAL, CR	REMATION, OR REMOVAL	DATE OF BURIAL	
	(Address)	823 Roos	evelt	Ave.	Ashland Ce	metery	Nov,24, 122	
15.	TON 2 4 1932	George	19.12	Viele Mas	20. UNDERTAKER	0 0 0	ADDRESS	

Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect. Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nore.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, senticemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.